

EXHIBIT G

**MARKETING AND RENT-UP PLAN
FOR**

525 W. 52nd Street Apts

AT

525 WEST 52ND STREET, NEW YORK, NY 10019

525 WEST 52ND PROPERTY OWNER LLC

Phipps Houses Services, Inc.

Josephine Perrella, SVP/GM
Alice Wong, AVP of Marketing
June 2016

525 W. 52ND STREET APTS
Marketing and Tenant Selection Plan

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NOTICE OF INTENT TO BEGIN MARKETING

May 23, 2016

Victor M. Hernandez
NYC Department of Housing
Preservation and Development
100 Gold Street, Room 7k1
New York, New York 10038

Email: Hernandv@hpd.nyc.gov

Fax: (212) 863-7988

Re: Notice of Intent to Begin Marketing
Project Name: 525 W. 52nd Street Apts
Project Address: 525 W. 52nd Street, New York, NY 10019
Number of Units: 79 Units
Project AMI's: 60% AMI

Dear Mr. Hernandez:

This project is nearing completion, and we expect units to be available for occupancy on March 1, 2017.

We are requesting a marketing meeting. Please call 646-388-8260 to schedule this meeting.

If there are any questions on the above, please contact:

Name: Josephine Perrella/Alice Wong
Address: 902 Broadway, New York, NY 10010
Phone No.: 646-388-8260

Sincerely,

Owner/Manager

Cc: 525 W. 52ND STREET APTS

Marketing/ Rent Up Time Table for 525 W. 52nd Street Apts

June 2016	Kick-off meeting with HPD/HFA where we present the Notice of the Intent to Market, marketing plan, agree on rent schedule and adv. campaign etc.
July 28, 2016	Community Outreach letters sent to CB #4 organizations and institutions with program eligibility factsheet. Program requirements and application information will be sent to individuals who are on the owner's inquiry list. Presentation to either the CB #4 general meeting or its Housing subcommittee.
July 28, 2016	Advertisements placed in The Amsterdam News, El Diario, AM New York, Westside Spirit and the Chief. The application package and instructions will be posted on marketing agent's website/NYC Housing connect website
September 26, 2016	Last day for returning completed applications to P.O. Box Office. Applications must be postmarked no later than this date.
October 4, 2016	Together with HPD representatives, PHSI pick up the paper applications at Post office. Applications opened and entered into the NYC Housing Connect database
Oct. – Nov. 2016	Obtain HPD database, qualifying applicants, mail out first round of appointment letters (to preference applicants) and mail out rejection letters.
December 2016	Office Interviews begin. Applicants, who appear to be income and family size eligible, will be subject to a credit and background checks.
January 2017	Weekly management meeting with the owners, marketing agent and interview staff. First group of eligible applicants presented to Owner.
February 2017	First group of prospective residents are notified of approval and selection. Apartments, move in date assigned; orientation appointments scheduled. Apartments viewed by prospective resident and family.
March 2017	First group of tenants move to the property.

Note: Dates are approximate. Expecting TCO in March 2017

**Marketing and Rent-Up Program
For
525 W. 52ND STREET APTS**

Program Requirements

In accordance with the regulatory agreement HPD will monitor the marketing program for 525 W. 52ND STREET APTS HPD must approve all tenants selected for 79 apartments. This development is financed through New York Department of Housing Preservation and Development's Inclusionary program and New York State Housing Finance Agency's Low Income Housing Tax Credit Program.

Eligible households are defined using the following guidelines:

Individuals and families whose incomes fall within the approved program guidelines. Minimum income has been established based on the rent that will be charged to insure that no household pay more than 30% of income towards rent.

Pre-Marketing Activities

A post office box will be established to receive requests for an application:

525 W. 52ND STREET APTS
243 5th Avenue, Box 428
New York, NY 10016

Marketing Outreach

Phipps Houses Services, Inc. ("PHSI") will mail a minimum of 25 letters, with a fact sheet to local and citywide community organizations, institutions and handicapped facilities and service providers. These letters will also indicate where the advertisements will appear in local publications.

Advertising

Advertisements will appear in the following print media: El Dario, Amsterdam News, Westside Spirit and AMNY, and the Chief.

All advertisements will contain the program and eligibility criteria, where to write for an application and the deadline for returning applications. All advertisements will contain appropriate logos (EEO, Office of the Handicapped, HFA and HPD).

Application Mailing

All those individuals who have made inquiries prior to the start of the Marketing Program will receive a fact sheet explaining where to write for an application. An application packet containing an application, fact sheet, and return envelope will be sent to all individuals who have sent a request to the appropriate P.O. Box. All completed applications are to be returned to the P.O. Box specified by the deadline.

Application Opening

After the 60-day period of public advertisements, the consultants and a representative for HPD will collect all the applications at the P.O. Box. These individuals will return to the management office where applications will be opened (envelopes will be stapled to the applications), Marketing staff will input each of application information to the NYC Housing connect system and write the I. D. number on the application. The following information will be included: Head of household and family member's names, income, family size, community/handicapped/Municipal employee preference and ethnicity.

All applications shall be reviewed for program eligibility. A computerized log will be created to aid the marketing/interviewing office in tracking applicants. A computer generated log with all information will be kept on site and additional bound copy will be sent to HPD.

If an applicant is deemed ineligible on the basis of income, family size composition, or any other established criteria the consultant will notify the applicant in writing of the determination. A copy of the letter will be attached to the application. All applicants who have been deemed ineligible will have the right to appeal the determination. (The correspondence will give instructions and deadline for the applicant's to appeal.)

Management Office Interviews

After initial screening, the first group of applicants who appear eligible will be invited to submit more detailed information as it relates to income, rent, credit history and family composition. A letter will be sent out to the eligible applicants indicating the date, time and place for the management office interview as well as a check list of information to bring to the interview. Simultaneous to the notification of the eligible applicants, ineligible applicants will receive letters explaining their ineligibility status. All ineligible applicants will have the option to contest their ineligibility status.

At the interview, eligibility criteria will be carefully explained to the applicant. If the applicant appears to meet eligibility/ selection criteria for 525 W. 52ND STREET APTS the applicant will be asked for a certified check or money order to cover the expense of a credit investigation. (The head of household will pay up to \$25 credit check fee and background check per application (for households with 1 or 2 adult members or \$50 per application (for households with 3 or more adult members). The check will be made payable directly to the credit agency.

If there is indication that poor credit exists, a letter will be sent to the applicant explaining the reason for rejection. The applicant will be directed to write to the credit company if they wish to question the report.

HPD Approval

The first Consultant selected applications will be sent to HPD. For 100% of applicant files, An Applicant Information Form and income documents (including TIC, supporting documentation proving income noted on the TIC, such as Taxes, 6 consecutive paystubs or Third Party EVL, Forms 4506, 4506-T (both HPD and Agent versions), DTF-505, Authorization to Release Information will be submitted for each prospective resident. 20% of these units, full applicant files will be requested by HPD for review and approval prior to lease signing and deposit collection. These submissions will be made on an on going basis until all apartments are rented. **The Owner will use all HPD required forms and attachments.**

Final Selection

Applicants who have been approved by HPD will meet with management staff for lease signing, apartment assignment, and move in schedule.

First Move Ins

Prior to move in an apartment inspection will be conducted by the resident and a member of the management staff person. The resident and management staff person will sign off on the inspection form, which will be retained in the resident's file.

Apartment Distribution

The Distribution for 525 W. 52ND STREET APTS is:

	60% <u>AMI</u>
Studio	19
One Bedroom	39
<u>Two Bedroom</u>	<u>21</u>
Total:	79

June 2016

Community Contact Letter

Dear Friend:

Enclosed is the Fact Sheet for 525 W. 52ND STREET APTS, located 525 W. 52nd Street in Manhattan. The Fact Sheet explains how to obtain an application for one of the 79 affordable apartments. Applications are available upon request in writing to: 525 W. 52ND STREET APTS, 243 5th Avenue, Box 428, New York, NY 10016 or can apply online at www.nyc.gov/housingconnect. These applications must be postmarked or submitted online by the deadline date. Late Applications will not be considered. And note applications will not be available until the date on which the project is published on the NYC Housing Connect website.

We are asking that the Fact Sheet be included in the newsletter you'll be sending out to your constituents. We would also appreciate if you would encourage your clientele and staff to request an application.

The active support of neighborhood institutions will ensure the project's success.

For applicant interested for the market rate units, please contact The Marketing Directors, LLC at 750 Lexington Avenue, 18th Floor, New York, NY 10022 or visit the website: www.themarketingdirectorsinc.com.

Please acknowledge receipt of this letter and thanks.

Sincerely,

Encl.

Cc: HPD Marketing Director: Mr. Victor Hernandez



525 W. 52ND STREET APTS

Fact Sheet

525 W. 52ND STREET APTS is pleased to announce that applications are now being accepted for 79 affordable housing rental apartments now under construction at **525 West 52nd Street** in the **Clinton** section of **Manhattan**. This building is being constructed with financing provided by New York City's Department of Housing Preservation and Development Inclusionary Housing Program and New York State Housing Finance Agency's Low Income Housing Tax Credit Program. The size, average rent and targeted income distribution of the 79 apartments is as follows:

Apt. Available	Apartment Size	Household Size*	Monthly Rent**	Total Annual Income Range***
				Minimum - Maximum
19	Studio	1	\$913	\$32,640 - \$38,100
		2		\$32,640 - \$43,500
39	1 Bedroom	1	\$980	\$34,971 - \$38,100
		2		\$34,971 - \$43,500
21	2 Bedroom	2	\$1,183	\$41,966 - \$43,500
		3		\$41,966 - \$48,960
		4		\$41,966 - \$54,360

*subject to occupancy standards **includes cooking gas ***income guidelines subject to change

Qualified applicants will be required to meet income guidelines and additional criteria. Households may elect to submit an application by one of two methods: **EITHER** online **OR** by mail. **To submit your application online now, please visit NYC Housing Connect at www.nyc.gov/housingconnect and select "Apply for Housing."** All online applications must be submitted by **TBD**. **To request an application by, please mail a postcard or self-addressed envelope to: 525 W. 52ND STREET APTS, 243 5th Avenue, Box 428, New York, NY 10016.** All mailed applications must be returned by regular mail only (**no priority, certified, registered, express, overnight or oversized mail will be accepted**) to a post office box number that will be listed with the application, and **must be postmarked by TBD**. Applications will be selected by lottery; applicants who submit more than one application will be disqualified. Disqualified applications will not be accepted. A general preference will be given to New York City residents. Eligible households that include persons with mobility impairments will receive preference for 5% of the units; eligible households that include persons with visual and/or hearing impairments will receive preference for 2% of the units. Current and eligible residents of **Manhattan Community Board 4** will receive preference for 50% of the units and eligible City of New York Municipal Employees will receive a 5% preference.

No Broker's Fee. No Application Fee.

Governor Andrew Cuomo
Mayor Bill de Blasio
HPD Commissioner Vicki Been
www.nyc.gov/housingconnect



525 W. 52ND STREET APTS

Advertisements will appear in:

<u>Periodical</u>	<u>Frequency</u>	<u>Readership Majority</u>
<u>Weeklies:</u>		
Amsterdam News	1 week	African-American
<u>Dailies:</u>		
El Diario	3 days	Latino
AMNY	5 days	Mixed
Chief	5 days	Municipal Workers
Westside Spirit	1 week	Local Paper

Note:

The size of the advertisements for both the weekly and daily periodicals will measure approximately 2 columns by seven.

All text will be accompanied by the US Dept. of HUD's Equal Housing, HPD, HFA and Handicapped Housing Logos.

**Median Income
New York City
FY'10**

**HUD
2016 Median Family Income**

Median Income	1 Person	2 Person	3 Person	4 Person
60%	38,100	43,500	48,960	54,360



APPLICATION FOR APARTMENT

INSTRUCTIONS:

SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. Applications are selected randomly through a lottery. You will be disqualified if more than one application is received per lottery for your household. If you submit an application online, you may NOT submit an application via mail. If you submit an application via mail, you may NOT submit an application online. If you prefer to apply online now rather than completing this paper application, please visit www.nyc.gov/housingconnect.

You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.

When completed, this application must be returned by regular mail ONLY (priority, certified, registered, express, overnight mail, or oversized envelopes will NOT be accepted).

The completed application must be postmarked no later than **TBD**.

Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.

Mail completed application to:

**525 W. 52ND STREET APTS
P.O. Box #xxxx
BRONX, NY 10451**

No payment should be given to anyone in connection with the preparation or filing of this application. No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time (**\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults**).

Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD housing program of the building you are applying to, based on family size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.

Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to:

Credit History
Criminal Background Checks

Continuing Need for Housing Assistance – Applicants to this housing program must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants may not have more than \$250,000 in total household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).

Application Preferences: There is a general preference in the lottery for current New York City residents. Households outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants. There are additional preferences for persons with disabilities, persons residing in this development's community board, and persons who are municipal employees of the City of New York. Please answer the questions on the application carefully to assist in identifying such preferences.

Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to an HPD housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.

Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

Apt. Available	Apartment Size	Household Size*	Monthly Rent**	Total Annual Income Range*** Minimum - Maximum
19	Studio	1 2	\$913	\$32,640 - \$38,100 \$32,640 - \$43,500
39	1 Bedroom	1 2	\$980	\$34,971 - \$38,100 \$34,971 - \$43,500
22	2 Bedroom	2 3 4	\$1,183	\$41,966 - \$43,500 \$41,966 - \$48,960 \$41,966 - \$54,360

* Subject to occupancy criteria

** Includes gas for cooking

*** Income guidelines subject to change

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
How long have you lived at this address? _____ Years, _____ Months	
Please select one of the following, email or paper mail, as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, including yourself, will live in the unit for which you are applying?

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI):

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?

- ☐ Yes – please specify the accommodation required: _____
- ☐ No

C. Income (Required)

Question 1	
Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please specify the agency or entity at which you or a member of your household is employed.	
Question 2	
If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you answered "yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

Income from Employment

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Years	Months			
Head of Household						

Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

Section 8 Housing Assistance

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify): _____ <input type="checkbox"/> No
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Current Landlord

Landlord Name (If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.")	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

F. Source of Information

How did you hear about this development? Please check all that apply:	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> City "affordable housing hotline"
<input type="checkbox"/> Local organization or church	<input type="checkbox"/> Friend
<input type="checkbox"/> Sign posted on property	<input type="checkbox"/> www.nyc.gov/housingconnect
<input type="checkbox"/> Community Board	<input type="checkbox"/> Elected Representative
<input type="checkbox"/> Other: _____	

Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:	
<input type="checkbox"/> White (non-Hispanic origin)	<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic origin	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Other: _____

Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Person with Disability: ☐ Mobility ☐ Visual ☐ Hearing
 Community Board Resident: ☐ Yes ☐ No
 Municipal Employee: ☐ Yes ☐ No
 Size of Apartment Assigned: ☐ Studio ☐ 1BR ☐ 2 BR ☐ 3 BR ☐ 4 BR
 Family Composition: Adult (Males) _____ Adult (Females) _____
 Children (Males) _____ Children (Females) _____
 TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR

**525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.**

Log # _____

DATE: _____

Dear Applicant:

After review of the information you provided on your application, you appear to meet the guidelines for income eligibility. The application process includes an interview with management and a credit check. Applicants will be charged for the cost of the credit check. THERE IS NO OTHER PAYMENT OR FEE IN CONNECTION WITH THE PROCESSING OF APPLICATIONS.

Your management review has been scheduled for:

DATE: _____

TIME: _____

PLACE: _____

Please bring with you all items noted on the enclosed checklist. We will be unable to complete your application without the submission of all requested materials.

Please be advised that the processing of your application in no way binds the housing company to reserve or assign an apartment for you.

We look forward to meeting with you.

Sincerely,

525 W. 52ND STREET APTS



IIa. Information checklist*****ALL ADULT HOUSEHOLD MEMBERS (18 YEARS OR OLDER) MUST BE PRESENT AT OFFICE INTERVIEW*****

Log # _____

Please bring **original and one copy** of the following documents as they pertain to your household.**Wage/Salary Income (for all family members who work full time or part time):**

Last (6) six most recent consecutive pay stubs

2015 Complete Income Tax Return and W-2 / 1099 forms (all pages including Federal and State)

Self-employment/Seasonal/Freelance employment

2013, 2014, and 2015 Complete Income Tax Returns and W-2/1099 forms (all pages including Federal and State) and if applicable, quarterly payments for backup withholding.

Other Income (for all family members who are receiving other income):i.e. Most current SSI/ SSA award letter, public assistance budget letter, Pension, Disability award letter, etc.**Child Support or Alimony** - Please provides official documentation or a letter from the absent parent showing the frequency and amount of child support and/or alimony payments.**Real Estate** – Please provides documentation of any income you receive from owning real property (i.e. rental income, income earned from the sale of property, etc)**Banking:**Copy of most recent six (6) months checking account statements (all pages)

Copy of most recent savings account statement (all pages)

Copy of most recent six(6) month municipal credit union statements (all pages)

Most recent investment statements (all pages) of (Stocks, Bonds, 401K, Mutual Funds, CD's, IRA, Pension, money market, trust funds, life insurance Policies, personal property held as an investment.

Housing:

Copy of current lease or letter from landlord giving the status of your current tenancy and copies of 6 months most recent rent receipts/cancelled checks/3 months electricity and telephone bills.

Family Composition:Copy of Birth Certificate/ Naturalization Paper or US Passport or Green card / social security card or Tax ID card for **each household member**. Picture ID for all household members above the age of 18.

School letter for each child (including grade, home address and guardian). Copy of registration for high school and/or copy of official transcript and current registration for college student.

OthersSection8 applicant must bring a valid Transferable Section 8 Voucher and Section 8 Move package

If you have check "Yes" on the disabled box on your application, please provide a doctor letter to verify you or a member of your household disability nature. For example: Mobility impairment, Visual impairment, or Hearing impairment.

A check of your credit and background are mandatory and *Poor* credit is a criteria for rejection. Please bring to your office interview a Money Order in the amount of \$25.00 per application(for households with 1 or 2 adult members) and \$50.00 per application(for households with 3 or more adult members).Make money order payable to: **TBD.**

525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.

Re: Log # _____

DATE: _____

Dear Applicant:

We have received your application for an apartment in the above rental building. We regret to inform you that you are not eligible for the following reason(s):

- _____ 1) Your family's gross income exceeds the program limit. The maximum income required for family of _____ is \$ _____ and your household's annual income has been determined to be \$ _____
- _____ 2) Your family's gross income is below the program minimum. The minimum income required for your family size of _____ is \$ _____ and your household's annual income has been determined to be \$ _____
- _____ 3) No units are available within the project to accommodate your family size.
- _____ 4) Your application was not received through regular mail as instructed.
- _____ 5) Other: _____

If you are contesting the calculation of your income, you may appeal this determination in writing and provide a letter of explanation with documentation to support your appeal. For example six (6) most recent consecutive pay stubs or if you are self-employed, your prior three (3) years incomes tax returns with all W-9 / 1099. Other income information, can consist of most recent social security award letter/public assistance budget letter, etc) **within two weeks** from **the date of this letter** to request a review.

Thank you.

Sincerely,



525 W. 52ND STREET APTS

**525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.**

Re: Log # _____

DATE: _____

Dear Applicant:

Thank you for your application for the above captioned project.

Due to the fact that we received an extremely large number of applications, we will not be able to accommodate all who have applied.

Your application is logged and will be held in the office. As units become available, we will interview the next eligible person in the log. When your log number is reached, we will contact you.

It is your responsibility to contact this office annually if you desire to remain on the waiting list. Naturally, if there is any change in your address, you must notify the rental office in writing. Please always refer to your log number when you write us.

Sincerely,

525 W. 52ND STREET APTS



**525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.**

Re: Log# _____

DATE: _____

Dear Applicant:

Thank you for your application to this project.

Based on the information contained in your application, your application has been assigned a low priority on the waiting list for the following reason:

_____ 1. You are not presently a New York City resident. This program gives preference to current NYC residents. Applicants who are not NYC residents will be set aside for future consideration if there are any remaining units.

_____ 2. Other: _____

If you are contesting the decision, you may appeal this determination in writing and provide a letter of explanation to support your appeal **within two weeks** from **the date of this letter** to request a review.

Sincerely,

525 W. 52ND STREET APTS



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

Re: Log# _____

DATE: _____

Dear Applicant:

We have terminated the processing of your 525 W. 52ND STREET APTS application for the following reason(s):

- _____ 1) You failed to appear two scheduled interviews for your management interview.
- _____ 2) You did not submit the information/documentation previously requested.
- _____ 3) Poor credit history including: bankruptcy filing with the last 5 years. As well as any liens judgments, account charge offs, and collection information in excess of \$1,000 per head and co-head (who will be living in the unit) within the last 3 years. Applicant will be considered for housing conditional that provide a letter of proof from the debt company within two weeks from the date of this letter to verify the above item was a fault.
- _____ 4) Rent Payment history for the tenant's portion of the rent (non- payment of tenant's portion of the rent or holdover activity within last 60 months). Applicant will be considered for housing on the condition that they provide rent breakdown and a letter from landlord to verify applicant has no delinquency within the last 60 months. This must be provided within 2 weeks from the date of the letter.
- _____ 5) Prior housing court history including evictions that involves a case of tenant fault (i.e. court evicted a tenant for not paying rent, chronic late payer over a period of time, history of lease violation) within the last seven (7) years from the date of application submission. Management will thoroughly review housing court case(s) and shall permit applicants the opportunity to explain the circumstances involved in their prior and/or current housing court case(s) before rejecting an applicant. If tenant withholds rent because the landlord has breached the warranty of habitability, providing an unsafe or unsanitary apartment (i.e. lack of heat or hot water, or infestation) or Section 8 subsidy payments have been suspended due to no fault of the applicant, applicant will be considered for housing conditional that supporting documentation will be submitted within ten (10) business days evidencing these situations.
- _____ 6) Criminal background checks (felonies within last 10 years or misdemeanors within last 3 years resulting in convictions or conviction of a sexual offense).
- _____ 7) You are over the maximum income required for family of _____. The maximum income required for your family size _____ is \$ _____ and your household's annual income has been determined to be \$ _____.
- _____ 8) You do not meet the minimum income required for family of _____. The minimum income required for your family size _____ is \$ _____ and your household's annual income has been determined to be _____.
- _____ 9) The entire household is comprised of full-time students and does not qualify for any of the exceptions to the full time student rule.
- _____ 10) You submitted multiple or duplicate applications for 525 W. 52ND STREET APTS.
- _____ 11) You do not meet the definition of a household established by the New York City Department of Housing Preservation and Development and, therefore, you do not qualify for this program.
- _____ 12) Upon complete review of your application and documentation, you income does not demonstrate a continuing need for a Low Income Tax Credit Program.
- _____ 13) The application and/or documentation have been found to include inconsistent information.
- _____ 14) Debt to income ratio currently exceeds 38% (excluding student loan)
- _____ 15) FICO score less than 580 (It is acceptable for the applicant to have no FICO score and no credit history. Also acceptable if FICO score is less than 580 and does not reflect poor credit, poor rental or high debt to income.
- _____ 16) Other _____

If you are contesting any of the above, you may appeal this determination in writing and provide a letter of explanation to support your appeal **within two weeks from the date of this letter** to request a review

Sincerely,
525 W. 52ND STREET APTS

**525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.**

To: _____

From: _____

Date: _____

RE: Additional information

The following items are needed in order to complete your site interview. Without this (these) document(s) we will be unable to determine whether you qualify for 525 W. 52ND STREET APTS. Please bring/send copies of:

1. _____

2. _____

3. _____

4. _____

5. _____

No later than: _____

Failure to provide us with this (these) documents will signify that you are no longer interested in 525 W. 52ND STREET APTS.

Sincerely,

525 W. 52ND STREET APTS



**525 W. 52ND STREET APTS
P.O. Box XXX
NEW YORK, NY 100XX
TEL:
FAX.**

TRANSMITTAL

To: _____

From: _____

Re: Eligible applicants for 525 W. 52ND STREET APTS

Date: _____

Attached are the following eligible candidates and their applications for your review. If there are any questions, please call at:



Income Calculation Worksheet

525 W. 52ND STREET APTS

LOG # _____

FAMILY	NAME	RELATIONSHIP	DOB	S.S.#
HEAD				
2				
3				
4				

INCOME FROM EMPLOYMENT/OTHERS:

FAMILY MEMBER	INCOME TYPE	PAYMENT PER PERIOD	PAY * FREQUENCY	YEARLY TOTAL
TOTAL:				

INCOME FROM ASSETS:

FAMILY MEMBER	TYPE OF ASSET	CASH VALUE	INTEREST RATE	ACTUAL ASSET INCOME
			%	
			%	
			%	
			%	
			%	
TOTAL:			TOTAL:	

If total cash value of family's assets exceeds \$5,000 then multiply this number by 0.06%

\$ _____ X 0.06% = \$ _____ Add the greater value of assets to the Yearly income and enter below

ANNUAL INCOME \$ _____

I (we) declare that statements contained herein are true and complete to the best of my knowledge and that I (we) understand that false, misleading, and/or incomplete information in this form will be grounds for rejection of the application in which this form is a part.

APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

DATE _____

Household Size: _____ Bedroom Size: _____

Income Limit: \$ _____

Total Household Income: \$ _____

Qualified: 60% _____

Not Qualified: _____ Reason: _____

Prepared By: _____ Date: _____

Page 2



525 W. 52ND STREET APTS

Re: Log # _____

OFFICE INTERVIEW

Applicant: _____

Last _____ First _____

Interviewed By: _____

Who will live in your apartment if you move to 525 W. 52ND STREET APTS?

Name (Last, First) Interview	Relationship	DOB	Present for
1. _____			
2. _____			
3. _____			
4. _____			

Is any member of the household expecting a baby? _____ If yes, who is expecting and when?

Is anyone listed above not living with you now? _____ If yes, get detail _____

Is there anyone else who might be joining your household if you move, such as a parent, brother/ sister, father/mother of your child (ren), friend, foster child? _____

Is there anyone who has lived with you in the past two years who will not live with you? _____

If yes, who? _____ What is the relationship? _____

If any child's natural parent will not be part of the household: Does the father/mother of child (ren) provide any financial support? _____ If yes, give the child (ren)s name and how much

Does s(he) visit? _____ How often? _____

Where does s (he) live? _____

Where have you lived for the last five years? _____

If more than two addresses in the past five years: Why did you move so often? _____

Do you have family in NYC? Where do they live? (Borough/neighborhood) _____

Which relatives? (father, mother, sister, etc.) _____

For all employed household members: What kind of work do you do?

What schools do your children attend now?

What grade did they enter in September 2016?

Are you the leaseholder of your current residence? _____ Have you ever had your own apartment?

What bills do you/ did you pay? (all or part of rent, Con Ed, telephone, etc.) _____

Additional questions: _____

Have you applied for housing elsewhere? _____ When do you expect to hear from them?

Closing Statement from Interviewer:

This interview is part of the selection process for 525 W. 52ND STREET APTS. Participating in this process in no way guarantees you an apartment in the complex. Final selection will be in the next few months. The office will contact you regarding your application.

THANK YOU FOR COMING TODAY

INTERVIEWER OBSERVATIONS AND COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Manhattan Community Planning Board #4

Resource Directory

To Follow

ORGANIZATION NAME	ADDRESS	APT/SUITE#	CITY	STATE	ZIP
COMMUNITY BOARD 4	330 W. 42 ND STREET	26 TH FLOOR	NEW YORK	NY	10036
THE MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES	100 GOLD STREET	2 ND FLOOR	NEW YORK	NY	10038
AMERICAN INDIAN COMMUNITY HOUSE	11 BROADWAY	2 ND FLOOR	NEW YORK	NY	10004
BARIER FREE LIVING	270 E. 2 ND STREET		NEW YORK	NY	10009
MS. BONNIE GANG LSCW MPA US DEPT OF VETERAN AFFAIRS MEDICAL CENTER	423 E. 23 RD STREET	9 TH FLOOR	NEW YORK	NY	10010
CHURCH OF SCIENTOLOGY	349 W. 48 TH STREET		NEW YORK	NY	10020
SACRED HEART OF JESUS CHURCH	457 W. 51 ST STREET		NEW YORK	NY	10019
ST. CLEMENTS FOOD PANTRY	423 W. 46 TH STREET		NEW YORK	NY	10036
ST. COLUMBA CHURCH	343 W. 25 TH STREET		NEW YORK	NY	10036
ST. JOHN THE BAPTIST CHURCH	210 W. 31 ST STREET		NEW YORK	NY	10001
MIDTOWN WEST BUSINESS ASSOCIATION	696 10 TH AVENUE		NEW YORK	NY	10019
HOUSING CONSERVATION COORDINATORS	777 10 TH AVENUE		NEW YORK	NY	10019
HUDSON RIVER FOUNDATION	40 W. 20 TH STREET		NEW YORK	NY	10011
AURORA ASSOCIATES, L.P.	475 W. 57 TH STREET		NEW YORK	NY	10019
MUHLENBERG LIBRARY	209 W. 23 RD STREET		NEW YORK	NY	10011
CHELSEA HOUSING GROUP	441 W. 26 TH STREET		NEW YORK	NY	10001
NEIGHBORHOOD RESOURCES DEPT. OF CITIZENS COMMITTEE FOR NYC	305 7 TH AVENUE	15 TH FLOOR	NEW YORK	NY	10001
CITY PROJECT	350 BROADWAY	525	NEW YORK	NY	10013
COLUMBUS LIBRARY	742 10 TH AVENUE		NEW YORK	NY	10019
PROJECT TRABAJO, NYS DEPT.OF LABOR	247 W. 54 TH STREET	6 TH FLOOR	NEW YORK	NY	10019
ELLIOTT AND ELLIOT CHELSEA	430 W. 26 TH STREET		NEW YORK	NY	10001
URBAN PATHWAYS	422 W. 57 TH STREET		NEW YORK	NY	10019
CENTER FOR EMPLOYMENT TRAINING	346 W. 17 TH STREET	5 TH FLOOR	NEW YORK	NY	10011
CITIZENS HOUSING AND PLANNING COUNCIL	50 E. 42 ND STREET	407	NEW YORK	NY	10017
TRANSPORTATION ALTERNATIVES	115 W. 30 TH STREET	1207	NEW YORK	NY	10001
CHURCH OF COMMUNITY OF THE INNER LIGHT	P.O. BOX 226, CHELSEA STATION		NEW YORK	NY	10011

ST. BENEDICT THE MOOR CHURCH	324 W. 53RD STREET		NEW YORK	NY	10019
CHURCH OF THE HOLY APOSTLES	300 9TH AVENUE		NEW YORK	NY	10001
ST. CLEMENT'S EPISCIPAL CHURCH	423 W. 46TH STREET		NEW YORK	NY	10036
CHURCH OF THE NAZARENCE (THE LAMBS)	130 W. 44TH STREET		NEW YORK	NY	10036
CONGREGATION EZRATH ISRAEL	339 W. 47TH STREET		NEW YORK	NY	10036
CROSSROADS SEVENTH DAY ADVENTIST CHURCH	410 W. 45TH STREET		NEW YORK	NY	10036
ST. FRANCIS II	156 W. 22ND STREET		NEW YORK	NY	10011
FRENCH EVANGELICAL CHURCH	126 W. 16TH STREET		NEW YORK	NY	10011
ST. FRANCIS XAVIER	55 W. 15TH STREET		NEW YORK	NY	10011
ST. GEORGE GREEK GREEK ORTHODOX CHURCH	307 W. 54TH STREET		NEW YORK	NY	10019
GENERAL THEOLOGICAL SEMINARY	175 9TH AVENUE		NEW YORK	NY	10011
GLAD TIDINGS TABERNACLE	325 W. 33RD STREET		NEW YORK	NY	10011
ST. LUKE'S CHURCH	308 W. 46TH STREET		NEW YORK	NY	10036
GUARDIAN ANGEL CHURCH	193 TENTH AVENUE		NEW YORK	NY	10011
HELLENIC ORTHODOX COMMUNITY CHURCH	359 W. 24TH STREET		NEW YORK	NY	10001
ST. MALACHY'S CHURCH	230 W. 49TH STREET		NEW YORK	NY	10036
HOLY CROSS CHURCH	329 W. 42ND STREET		NEW YORK	NY	10036
ST. MICHAEL'S CHURCH	424 W. 34TH STREET		NEW YORK	NY	10001
ST. PAUL THE APOSTLE	60TH STREET & 9TH AVENUE		NEW YORK	NY	10019
INTERFAITH PASTORAL CARE PROGRAM	275 7TH AVENUE		NEW YORK	NY	10001
INGLESIA CRISTIANA EL CALVARIO	409 W. 47TH STREET		NEW YORK	NY	10036
ST. PAUL'S HOUSE	335 W. 51ST STREET		NEW YORK	NY	10019
JAPANESE AMERICAN UNITED CHURCH	255 7TH AVENUE		NEW YORK	NY	10001
ST. PETER'S EPISCOPAL CHURCH	346 W. 20TH STREET		NEW YORK	NY	10011
METRO BAPTIST CHURCH	410 W. 40TH STREET		NEW YORK	NY	10018
ST. RAPHAEL CHURCH	502 W. 41ST STREET		NEW YORK	NY	10036
METROPOLITAN COMMUNITY CHURCH	444 W. 36TH STREET		NEW YORK	NY	10018

ST. VINCENT DE PAUL CHURCH	116 W. 24TH STREET		NEW YORK	NY	10011
TRINITY PRESBYTERIAN CHURCH	422 W. 57TH STREET		NEW YORK	NY	10019
OUR LADY OF GUADALUPE CHURCH	229 W. 14TH STREET		NEW YORK	NY	10011
WEST SIDE JEWISH CENTER	347 W. 34TH STREET		NEW YORK	NY	10001
14TH STREET - UNION SQUARE BID	4 IRVING PLACE	ROOM 1148-2	NEW YORK	NY	10003
23RD STREET ASSOCIATION	200 5TH AVENUE	1001	NEW YORK	NY	10010
MIDTOWN MANAGEMENT GROUP INC	630 9TH AVENUE	802	NEW YORK	NY	10036
34TH STREET MIDTOWN ASSOCIATION	75 9TH AVENUE	3RD FLOOR	NEW YORK	NY	10011
34TH STREET PARTNERSHIP (BID)	250 W. 34TH STREET		NEW YORK	NY	10019
NINTH AVENUE LOCAL DEVELOPMENT CORP.	496 9TH AVENUE		NEW YORK	NY	10018
LINCOLN SQUARE BUSINESS	1841 BROADWAY	1112	NEW YORK	NY	10023
TIME SQUARE BUSINESS IMPROVEMENT DISTRICT	1560 BROADWAY	800	NEW YORK	NY	10018
ALLIANCE FOR THE ARTS	330 W. 42ND STREET	1701	NEW YORK	NY	10036
ATLANTIC THEATRE COMPANY	336 W. 20TH STREET		NEW YORK	NY	10011
MANHATTAN CLASS COMPANY	120 W. 28TH STREET		NEW YORK	NY	10001
MANHATTAN PLAZA	400 W. 43RD STREET		NEW YORK	NY	10036
BOWERY MISSION'S WOMEN'S CENTER	218 W. 15TH STREET		NEW YORK	NY	10011
MARQUIS STUDIOS	535 8TH AVENUE	1701	NEW YORK	NY	10018
BROADWAY THEATRE INSTITUTE	630 9TH AVENUE	140	NEW YORK	NY	10036
MATERIAL FOR THE ARTS	410 W. 16TH STREET	4TH FLOOR	NEW YORK	NY	10011
CARLOTA SANTANA SPANISH DANCE COMPANY	481 8TH AVENUE	744	NEW YORK	NY	10001
MFY LEGAL SERVICES INC	299 BROADWAY	4TH FLOOR	NEW YORK	NY	10007
CENTER FOR JEWISH HISTORY	15 W. 16TH STREET		NEW YORK	NY	10011
CENTRAL PARK CONSERVANCY	16 E. 60TH STREET	8TH FLOOR	NEW YORK	NY	10022
MUNICIPAL ART SOCIETY	457 MADISON AVENUE		NEW YORK	NY	10022
AMERICA WORKS OF NEW YORK INC	575 8TH AVENUE	14TH	NEW YORK	NY	10018
INTREPAID MUSEUM	2. 46TH STREET/12TH AVENUE		NEW YORK	NY	10036

IRISH REPETORY THEATRE, INC	130 W. 22ND STREET		NEW YORK	NY	10011
AMERICAN PALACE THEATER	111 W. 42ND STREET		NEW YORK	NY	10036
IVAN SHAPIRO HOUSE	459 W. 46TH STREET		NEW YORK	NY	10036
ARTS CONNECTION INC	120 W. 46TH STREET		NEW YORK	NY	10036
JOB PATCH	22 W. 38TH STREET	11TH FLOOR	NEW YORK	NY	10018
ARTS HORIZONS	200 W. 15TH STREET	5G	NEW YORK	NY	10011
JOBS FOR YOUTH, INC	312 W. 36TH STREET	5TH FLOOR	NEW YORK	NY	10018
JOYCE THEATER	175 8TH AVENUE		NEW YORK	NY	10011
LAMB'S THEATRE COMPANY	449 W. 46TH STREET		NEW YORK	NY	10036
MANHATTAN BOTANICAL GARDEN	461 W. 44TH STREET	2G	NEW YORK	NY	10036
MUSEUM OF ASIAN ART	27 W. 20TH STREET		NEW YORK	NY	10010
CHELSEA COALITION ON HOUSING	274 W. 19TH STREET		NEW YORK	NY	10011
NATIONAL RECOVERY INSTITUTE	455 AND 458 W. 50TH STREET		NEW YORK	NY	10019
CHELSEA WATERSIDE PARK ASSOCIATION	P.O. BOX 45 OLD CHELSEA STATION		NEW YORK	NY	10011
CITIZENS UNION	198 BROADWAY	7TH FLOOR	NEW YORK	NY	10038
NETWORK	350 W. 31ST STREET	4TH FLOOR	NEW YORK	NY	10026
NEW DRAMATICS	424 W. 44TH STREET		NEW YORK	NY	10036
NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE	115 W. 30TH STREET	709	NEW YORK	NY	10001
NEW YORK CITY JOB AND CAREER CENTER, INC	255 W. 54TH STREET		NEW YORK	NY	10019
NEW YORK LANDMARKS CONSERVANCY	141 5TH AVENUE		NEW YORK	NY	10010
NEW YORK STATE TENANTS AND NEIGHBOR COALITION	508 8TH AVENUE	18TH FLOOR	NEW YORK	NY	10018
CLINTON HOUSING DEVELOPMENT CO. INC.	403 W. 40TH STREET		NEW YORK	NY	10018
CLINTON MANOR	535 W. 51ST STREET		NEW YORK	NY	10019
NONTRADITIONAL EMPLOYMENT FOR WOMEN	243 W. 20TH STREET		NEW YORK	NY	10011
PARTNERSHIP FOR PARKS	830 5TH AVENUE	310	NEW YORK	NY	10021
CONSORTIUM FOR WORKER EDUCATION INC	275 7TH AVENUE		NEW YORK	NY	10001
CONTEMPORARY GUIDANCE SERVICES	229 W. 28TH STREET	2ND FLOOR	NEW YORK	NY	10001

PROTECTIVE SERVICES FOR ADULTS, NYC HRA	330 W. 34TH STREET	4TH FLOOR	NEW YORK	NY	10001
RED CROSS EMERGENCY FAMILY CENTER	515 W. 41ST STREET		NEW YORK	NY	10036
DANCE THEATRE WORKSHIP	219 W. 19TH STREET		NEW YORK	NY	10011
DAYTOP VILLAGE	54 W. 40TH STREET		NEW YORK	NY	10018
REGIONAL PLAN ASSOCIATION	4 IRVING PLACE	711S	NEW YORK	NY	10003
SAFE SPACE-CENTER FOR CHILDREN AND FAMILIES	300 43RD STREET		NEW YORK	NY	10036
DIA CENTER FOR THE ARTS	542 W. 22ND STREET	3RD FLOOR	NEW YORK	NY	10011
SMITHERS ALCOHOL & SUBSTANCE ABUSER TREATMENT CTR	1000 10TH AVENUE		NEW YORK	NY	10019
DIVISION OF EMPLOYMENT SERVICES	255 W. 54TH STREET		NEW YORK	NY	10019
SOUNDANCE REPERTORY COMPANY	246 W. 38TH STREET	8TH FLOOR	NEW YORK	NY	10018
DOWNTOWN BALLET COMPANY	312 W. 47TH STREET	G/F	NEW YORK	NY	10036
TADA THEATRE COMPANY	120 W. 28TH STREET		NEW YORK	NY	10001
THE CENTER FOR BOOK ARTS	28 W. 27TH STREET	3RD FLOOR	NEW YORK	NY	10001
THE KITCHEN	512 W. 19TH STREET		NEW YORK	NY	10011
THE METROPOLITAN WATERFRONT ALLIANCE	457 MADISON AVENUE		NEW YORK	NY	10022
FEDERATION OF HANDICAPPED	211 W. 14TH STREET		NEW YORK	NY	10011
YOUNG PLAYWRIGHTS, INC	321 W. 44TH STREET	906	NEW YORK	NY	10036

525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

VERIFICATION OF INCOME FROM ASSETS

Date: _____

Log # _____

To: _____

Re: _____

SS# or Tax I.D. _____

The above referenced individual has applied for an apartment at 525 W. 52ND STREET APTS. The property is operated under the Inclusionary Housing/Low Income Housing Tax Credit programs which requires that we obtain written confirmation of the income of all applicants. Minimum and maximum income requirements have been established to determine eligibility for this program.

To comply with this regulation, we ask that you complete and return this form as soon as possible to the address printed above. The information will be used only in determining eligibility for this particular program. It will not be made available to anyone else.

If you have any questions, please call our office at TEL.

Sincerely,

525 W. 52ND STREET APTS

AUTHORIZATION:

I hereby authorize release of the information requested on this verification form.

Signature of Applicant/Tenant _____

Date _____

BELOW TO BE COMPLETED BY FINANCIAL INSTITUTION**Please complete as appropriate:**Current Balance in **Checking Account(s)**: _____ A/C # _____ Interest Rate: _____ %Six month Balance in **Checking Account(s)**: \$ _____Current Balance in **Savings Account(s)**: _____ A/C # _____ Interest Rate: _____ %Current Balance in **CD**: \$ _____ Interest Rate _____ % Withdrawal Penalty _____Value of **Trust Fund** Administered: \$ _____

Anticipated Earnings over next 12 months: \$ _____

Other Asset (Type): _____

Value of Asset: \$ _____

Valuation Date: _____

Anticipated Earnings over next 12 months: \$ _____

I certify that the above information is true and correct.

Name/Title of Company Official _____

Signature _____

Date _____

Phone# _____



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

VERIFICATION OF SOCIAL SECURITY BENEFITS

Date: _____

Log # _____

To: _____

Re: _____

SS# or Tax I.D. _____

The above referenced individual has applied for an apartment at 525 W. 52ND STREET APTS. The property is operated under the Inclusionary Housing/Low Income Housing Tax Credit which requires that we obtain written confirmation of the income of all applicants. Minimum and maximum income requirements have been established to determine eligibility for this program.

To comply with this regulation, we ask that you complete and return this form as soon as possible to the address printed above. The information will be used only in determining eligibility for this particular program. It will not be made available to anyone else.

If you have any questions, please call our office at TEL.

Sincerely,

525 W. 52ND STREET APTS

Applicant Authorization: I hereby authorize the release of the information requested on this verification form.

Applicant's Signature _____

Date _____

Gross Monthly Payment: \$ _____

Type of Benefit:

a) Social Security

____ Retirement
____ Disability
____ Widow(er)
____ Child(ren)

b) Supplemental

____ old Age
____ Disability
____ Blind
____ Handicapped

Are any changes in benefits expected within the next 12 months? (Explain) _____

Social Security Admin.- Signature _____

Date _____

Print Name and Title _____

Phone # _____



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

CERTIFICATION OF NO ALIMONY/CHILD SUPPORT

LOG #: _____

APPLICANT: _____

DATE: _____

In connection with your review of my application for an apartment at 525 W. 52ND STREET APTS I confirm that:

_____ I am not entitled to receive any alimony, child support or other compensation pursuant to any court order.

_____ I am not entitled to receive any alimony, child support or other compensation pursuant to any non-court agreement.

_____ I am not in the process of seeking any monies for alimony, child support or other compensation through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.

_____ I am entitled to receive alimony, child support or other compensation pursuant to a court order or other agreement in the amount of \$ _____ per month. (Attach Documentation)

_____ However, I do not receive this full amount. I expect to receive only \$ _____ over the next 12 months (Please explain why and what actions you are taking to collect the full amount).

_____ Although I am not currently entitle to receive any alimony, child support or other compensation pursuant to a court order or other agreement. I believe that I will receive such an order within the next 12 months. I expect to receive \$ per month beginning on _____

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for an apartment at 525 W. 52ND STREET APTS and that any misrepresentation herein will be considered reason for rejection. Under penalties of perjury, I certify the above to be true as of this date.

Applicant's Signature

Notary

Date



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

VERIFICATION OF ALIMONY/CHILD SUPPORT

Date: _____

Log # _____

To: _____

Re: _____

SS# or Tax I.D. _____

The above referenced individual has applied for an apartment at 525 W. 52ND STREET APTS. The property is operated under the Inclusionary Housing/Low Income Housing Tax Credit which requires that we obtain written confirmation of the income of all applicants. Minimum and maximum income requirements have been established to determine eligibility for this program.

To comply with this regulation, we ask that you complete and return this form as soon as possible to the address printed above. The information will be used only in determining eligibility for this particular program. It will not be made available to anyone else.

If you have any questions, please call our office at TEL.

Sincerely,

525 W. 52ND STREET APTS

Applicant Authorization: I hereby authorize the release of the information requested on this verification form.

Applicant's Signature _____

Date _____

Child Support Payment: \$ _____ per _____ -week or _____ month

Alimony Payment: \$ _____ per _____ -week or _____ month

Children's Names: _____

Are payments current? _____ Date of last payment: _____

_____ Payments will end when? _____

Comments: _____

Signature _____

Date _____

Print Name and Title/Relationship _____

Phone # _____



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

VERIFICATION OF EMPLOYMENT INCOME

Date: _____

Log # _____

To: _____

Re: _____

SS# or Tax I.D. _____

The above referenced individual has applied for an apartment at 525 W. 52ND STREET APTS. The property is operated under the Inclusionary Housing/Low Income Housing Tax Credit which requires that we obtain written confirmation of the income of all applicants. Minimum and maximum income requirements have been established to determine eligibility for this program.

To comply with this regulation, we ask that you complete and return this form as soon as possible to the address printed above. The information will be used only in determining eligibility for this particular program. It will not be made available to anyone else.

If you have any questions, please call our office at TEL.

Sincerely,

525 W. 52ND STREET APTS

Applicant Authorization: I hereby authorize the release of the information requested on this verification form.

Applicant's Signature _____

Date _____

PLEASE ANSWER ALL THE FOLLOWING QUESTION. IF THE QUESTION DOES NOT APPLY, PLEASE PUT "N/A"

Presently employed: Yes _____ **Date first Employed** _____ **No** _____ **Last Day of employment** _____

Current wages (check one) ☐ Hourly ☐ Salary \$ _____

Pay Frequency: ☐ weekly ☐ bi-weekly ☐ Semi-monthly ☐ monthly ☐ yearly ☐ other _____ (Please specify)

Pay Method: ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other _____ (Please specify)

Average # of Regular Hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ Yearly ☐ other _____ (Please specify)

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____; **Effective date:** _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is this employee eligible for unemployment during the layoff period? ☐ No ☐ Yes

Does this employee participate in a retirement plan such as 401K/Other Retirement? ☐ No ☐ Yes

Additional remarks: _____

Employer's Signature _____

Employer's Print Name _____

Date _____

Phone # _____

Fax # _____

E-mail _____

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T00205

525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

VERIFICATION OF PUBLIC ASSISTANCE

Log # _____

To: _____

Date: _____

Income Maintenance Center # _____

RE: _____

SS#/Tax I.D.#: _____

Case # _____

The above referenced individual has applied for an apartment at 525 W. 52ND STREET APTS. The property is operated under the Inclusionary Housing/Low Income Housing Tax Credit, which requires that we obtain written confirmation of the income of all applicants. Minimum and maximum income requirements have been established to determine eligibility for this program.

To comply with this regulation, we ask that you complete and return this form as soon as possible to the address printed above. The information will be used only in determining eligibility for this particular program. It will not be made available to anyone else.

If you have any questions, please call our office at TEL.

Sincerely,
525 W. 52ND STREET APTS

Applicant Authorization: I hereby authorize the release of the information requested on this verification form.

Applicant's Signature _____

Date _____

This section should be completed by the Public Assistance Agency

Please provide the following BUDGET information projected over the next 12 months starting from the date of this letter, AS WELL AS A COPY OF THE CURRENT BUDGET LETTER.

1. Number of adults (18 years and older) on budget? _____
2. Number of children on budget? _____
3. Effective date of grant? _____
4. PA Budget Calculations: Enter semi-monthly amounts for the following items:
 - Shelter _____
 - Utilities _____
 - Recoupment of loans _____
 - Semi-Monthly Grant _____
 - Total Need _____

5. Do you expect any changes in payments in the near future: ☐ Yes ☐ No

If so, please specify the change _____

I certify the above information to be true and correct.

Signature of employee completing form _____

Date _____

Name and Title (Print) _____

Telephone Number _____



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

LOG # _____

Date: _____

Dear Applicant::

Thank you for your application for residency at 525 W. 52ND STREET APTS.

Regretfully we are unable to approve your application at this time. The denial of your application was based upon the following reasons:

_____ Information from which the following consumer reporting agencies provided us that in whole or part influenced our decision. These consumer reporting agencies did not make the decision to deny your application and cannot explain the reasons for the denial.

_____ On-site.com, Renter Relations, 307 Orchard City Drive, Suite 110, Campbell, CA 95008, (877) 222-0384 or www.On-Site.com

_____ Experian, 153 E. 53rd Street, 58th Floor, New York, NY 10022, (888) 397-3742 or www.experian.com for a free copy of your credit report.

_____ Trans Union, Consumer Disclosure Center, P.O. Box 1000, Chester, PA 19022, (610) 245-5175 or (800) 888-4213 or www.transunion.com for a free copy of your credit report.

_____ Information obtained from a source other than a consumer reporting agency. You have the right to disclosure of the nature of this information, if you make a written request to us within 60 days of receiving this letter. The fair Credit Reporting Act requires that we will respond to your request within a reasonable period of time, or within 30 days of receipt of your request with respect to information received from an affiliate.

_____ Other _____

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL AND STATE LAW WITH RESPECT TO YOUR CREDIT REPORT. IF YOU REQUEST A COPY OF THE INFORMATION IN YOUR CREDIT FILE FROM ANY OF THE CONSUMER REPORTING AGENCIES MARKED ABOVE, WITHIN 60 DAYS OF RECEIVING THIS DENIAL, YOU ARE ENTITLED TO A FREE COPY OF YOUR REPORT. YOU HAVE THE RIGHT TO DIRECTLY DISPUTE WITH THE CONSUMER REPORTING AGENCY THE ACCURACY AND COMPLETENESS OF ANY INFORMATION FURNISHED BY THAT AGENCY.

Again, we appreciate your interest in our building.

Sincerely,

525 W. 52ND STREET APTS



525 W. 52ND STREET APTS

P.O. Box xxx, New York NY 10xxx

TEL: (212) XXX-XXXX FAX: (212) XXX-XXXX

APPROVAL LETTER

Date

Applicant's Name and Address

Re: 525 W. 52ND STREET APTS

Dear Applicant:

Congratulations! We are pleased to inform you that you have been approved for an apartment at 21 West End Avenue, New York, NY 10xxx, You will be occupying apartment # (Unit #)

Please contact us upon receipt of this letter in order to arrange for an inspection of the unit and the signing of the lease.

Sincerely,

525 W. 52ND STREET APTS



ATTACHMENT B**Marketing Plan Summary Sheet**

It is recognized that the Agency and the owner have a mutual interest in ensuring that the marketing program is consistent with the Agency's program standards and regulatory provisions and that the rental of the units is accomplished in a manner which advances the policy objectives of the program involved. The primary objective of the marketing and rent-up effort will be to achieve the ethnic, age and geographic diversity of tenants as well as a pool of disabled applicants with mobility, visual or hearing impairments that require accessible/adaptable units. However, while the Agency has set forth general principles relating to the marketing and management process of the units, the owner will have primary authority and responsibility for the marketing and rent-up of each project. The owner also needs to be aware of its responsibility to comply with all fair housing and equal opportunity and other governmental requirements as may be applicable.

This Summary Sheet may be utilized to outline the major components of your Marketing Plan. You may feel free to call the Agency to discuss any questions you may have in preparing your marketing plan.

Sample Summary Sheet**A. Owner**

Name: 525 WEST 52 PROPERTY OWNER LLC

Address: c/o Taconic Investment Partners LLC, 111 8th Avenue, Suite 1500, New York, NY 10011

Phone Number: 212-220-9945

B. Project

Name: 525 W. 52ND STREET, APTS

Location: 525 W. 52ND STREET, NEW YORK, NY 10019

No. Of Units:	Initial Rents
0 BR <u>19</u>	<u>\$913</u>
1 BR <u>39</u>	<u>\$980</u>
2 BR <u>21</u>	<u>\$1,183</u>
3 BR <u>N/A</u>	<u></u>

C. Marketing Agent (if applicable)

Name: Alice Wong

Company: Phipps Houses

Address: 902 Broadway, 13th Floor

Phone: 646-388-8237

D. Commencement Dates

Construction: 2016

Advertising: July 2016

Application Due Date: October 8, 2016

Occupancy (est.): May 2017

E. Managing Agent, (if applicable)

Name: Andrew Schwartz

Company: Taconic Investment Partners LLC

Address: 111 Eighth Avenue, Suite 1500

Phone: 212-220-9945

F. Commercial Media to be used

Newspapers/ Publications:

AM New York (Citywide) Amsterdam News (Ethnic), El Diario (Ethnic), The Chief, and Westside Spirit (Local)

Site Sign: 4' x 5"

Inquiry List: _____

Community Outreach: Manhattan CB4

G. Marketing SignSize: Full page

A photocopy of the sign is required.

H. Requested Tenant Preferences1. Community District Residents (50%) or 40 units2. Persons with disabilities
(mobility (5%) , visual or hearing (2%)) or 6 units3. Municipal Employees (5%) or 4 units

4. Other _____

I. Fees to be charged***APPLICATION FEES ARE NOT PERMITTED**Credit Check fee: \$\$25 for Household of 1-2 & \$50 for Household of 3 or more
(Refer to List of Proposed Fees in Marketing Guidelines, pages 16 and 24)**J. Program Eligibility Criteria (See Attachment U)****K. Owner's Selection/Rejection Criteria (check those that apply)**

- | | |
|--|-------------------------------------|
| 1. <u>x</u> Income Eligibility | 5. <u>x</u> Rent Payment History |
| 2. <u>x</u> Student Status | 6. <u>x</u> **Credit History |
| 3. <u>x</u> *Criminal Background Checks | 7. _____ Other (specify) |
| 4. <u>x</u> Falsification of Information | |

*** Criminal Background Check is mandatory. Explain in DETAIL the procedures in use:**

A conviction of a felony within the last ten years; conviction of a sexual offense at any time.

A prior conviction of fraud in in connection to any governmental has been found.

A revelation that an applicant is a criminal fugitive being sought by law enforcement for either

Incarceration or deportation (as such applicants would not lawfully be able to "anticipate" income

Or even be anticipated to be an included member of the household) has been found

When rejecting an applicant based on a criminal background check, the owner must indicate the reasons why the applicant is being rejected. *The following are reasons for rejection:

**** Credit History - Explain in DETAIL the procedures in use:**

- Prior **housing court history** including evictions that involves a case of non-rent payment, chronic late payments and lease violations within the last three (3) years from the date of application submission. Management will thoroughly review housing court case(s) and shall permit applicants the opportunity to explain the circumstances involved in their prior and/or current housing court case(s) before rejecting an applicant. If tenant withholds rent because the landlord has breached the warranty of habitability, providing an unsafe or unsanitary apartment (i.e. lack of heat or hot water, or infestation) or Section 8 subsidy payments have been suspended due to no fault of the applicant, applicant will be considered for housing conditional that supporting documentation will be submitted within ten (10) business days evidencing these situations.
- Poor **credit history** including: bankruptcy filing within the last 2 years. As well as any liens judgments, account charge offs, and collection information in excess of \$5,000 per head and co-head (who will be living in the unit) within the last 3 years. Applicant will be considered for housing conditional that provide a letter of proof from the debt company within two weeks from the date of the termination letter to verify the above item was an error.
- **Rent Payment history** for the tenant's portion of the rent (non- payment of tenant's portion of the rent or holdover activity within last 36 months). Applicant will be considered for housing on the condition that they provide rent breakdown and a letter from landlord to verify applicant has no delinquency within the last 36 months.
- Debt-to income ratio currently exceeds 38% excluding housing expenses/student loans.

Other additional owner-elected criteria:

- Available units cannot accommodate the household, per the "Accepted Utilization of Affordable Units".
- Applicant does not demonstrate a long-term need for this affordable housing because:
 - (a) Household total combined assets are equal to or \$54,360 @ 60% AMI and \$72,500 @ 80% AMI excluding the inaccessible IRAs and 401Ks;
 - (b) One or more non-dependent adults living alone or together are not employed and are not receiving continuous employment substitution income such as unemployment, social security, or pension benefits. (Being unemployed without benefit income is acceptable when the adult can document unemployment for the full previous two years or is the parent of a child under age two.);

- Applicant or applicant's family member who will be residing in the unit currently owns real estate in, or within a 100-mile radius of, New York City.
- Inconsistent or unverifiable information regarding residence, household composition or income.
- Applicant's self-employment record has been less than 2 years and is the sole source of income
- Fraudulent and/or inconsistent information provided to the Owner on the application, income or third party verification or at any other time during the application process.
- Failure to appear or come prepared for at two scheduled office appointments.
- Failure to submit information/documentation previously requested within one week.
- A household comprised entirely of full-time students and does not qualify the exception full time student rules are not eligible for this program.
- Submit multiple applications. The applicant changed the composition of the applicant household after the initial application for a reason other than a legal change which could not have been anticipated at the time of application. For example, such allowable legal reasons could, but do not necessarily, include: death, adoption or legal separation.
- Applicants do not meet the definition of a household and therefore applicants do not qualify for this program.
- Employees or family members of the Owner, consultants, agents, or employee of the HPD/NYS Housing Finance Agency involve in application process will not be considered for an apartment.
- Abusive or objectionable behavior towards or with affordable apartment Marketing staff, building staff or owner's agents as documented by police report.
- Social Security or Tax Identification numbers were not provided for all adult members of household or all adult members of household did not sign the credit investigation authorization.
- All adult members of the household do not have valid identification and social security cards or documented Tax Identification numbers.
- Applicant's 1040 tax return does not accurately reflect family size or family relationships (additional documentation must be provide to verify family size/relationships)
- 525 W. 52ND STREET APTS will not be applicant's primary residence.

L. Estimate of Groups Least Likely to Apply

The purpose of Affirmative Fair Housing Marketing is to promote diversity; a condition in which individuals of similar income levels in the same housing market area have available to them a like range of choices in housing, regardless of an individual's race, color, religion, sex, handicap, familial status or national origin.

Mark next to each category below the number, in percent form, of individuals that are likely to apply to the development. An effective way to do this is to utilize the guided search function on the US Census website at:

<http://factfinder.census.gov/>

White (non-Hispanic)	<u>26.55</u>	%
Black (non-Hispanic)	<u>7.56</u>	%
American Indian	<u>0.64</u>	%
Hispanic	<u>46.71</u>	%
Asian	<u>3.52</u>	%
Native Hawaiian and Other Pacific Islander	<u>0.15</u>	%
Some other race	<u>11.73</u>	%
Population of two or more races	<u>3.15</u>	%
Total:	<u>100</u>	%

M. Advertising

Estimate in Percentages the Ethnic/Age/Geographic Identifications of Major Readers/Audience

Name of Media	White	Black	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Age	Geography	Size of ad and/or Duration	Frequency of Intervals
Amsterdam News		7.56%	0.64%	46.71%	3.52%				Weekly
El Diario									Daily
AM New York									Daily
Chief									Weekly
Westside Spirit									Weekly

N. Community Contact Groups

- Provide a list of Community Contact Groups you will be reaching out to. Be sure to list the:
 - Name of the Group/Organization
 - Approximate or actual date of contact
 - Person to be contacted
 - Address and/or phone number
 - Method of contact: By Mail

ORGANIZATION NAME	ADDRESS	APT/SUITE#	CITY	STATE	ZIP
COMMUNITY BOARD 4	330 W. 42 ND STREET	26 TH FLOOR	NEW YORK	NY	10036
THE MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES	100 GOLD STREET	2 ND FLOOR	NEW YORK	NY	10038
AMERICAN INDIAN COMMUNITY HOUSE	11 BROADWAY	2 ND FLOOR	NEW YORK	NY	10004
BARRIER FREE LIVING	270 E. 2 ND STREET		NEW YORK	NY	10009
MS. BONNIE GANG LSCW MPA US DEPT OF VETERAN AFFAIRS MEDICAL CENTER	423 E. 23 RD STREET	9 TH FLOOR	NEW YORK	NY	10010
CHURCH OF SCIENTOLOGY	349 W. 48 TH STREET		NEW YORK	NY	10020
SACRED HEART OF JESUS CHURCH	457 W. 51 ST STREET		NEW YORK	NY	10019
ST. CLEMENTS FOOD PANTRY	423 W. 46 TH STREET		NEW YORK	NY	10036
ST. COLUMBA CHURCH	343 W. 25 TH STREET		NEW YORK	NY	10036
ST. JOHN THE BAPTIST CHURCH	210 W. 31 ST STREET		NEW YORK	NY	10001
MIDTOWN WEST BUSINESS ASSOCIATION	696 10 TH AVENUE		NEW YORK	NY	10019
HOUSING CONSERVATION COORDINATORS	777 10 TH AVENUE		NEW YORK	NY	10019
HUDSON RIVER FOUNDATION	40 W. 20 TH STREET		NEW YORK	NY	10011
AURORA ASSOCIATES, L.P.	475 W. 57 TH STREET		NEW YORK	NY	10019
MUHLENBERG LIBRARY	209 W. 23 RD STREET		NEW YORK	NY	10011
CHELSEA HOUSING GROUP	441 W. 26 TH STREET		NEW YORK	NY	10001
NEIGHBORHOOD RESOURCES DEPT. OF CITIZENS COMMITTEE FOR NYC	305 7 TH AVENUE	15 TH FLOOR	NEW YORK	NY	10001
CITY PROJECT	350 BROADWAY	525	NEW YORK	NY	10013
COLUMBUS LIBRARY	742 10 TH AVENUE		NEW YORK	NY	10019
PROJECT TRABAJO, NYS DEPT.OF LABOR	247 W. 54 TH STREET	6 TH FLOOR	NEW YORK	NY	10019
ELLIOTT AND ELLIOT CHELSEA	430 W. 26 TH STREET		NEW YORK	NY	10001
URBAN PATHWAYS	422 W. 57 TH STREET		NEW YORK	NY	10019
CENTER FOR EMPLOYMENT TRAINING	346 W. 17 TH STREET	5 TH FLOOR	NEW YORK	NY	10011
CITIZENS HOUSING AND PLANNING COUNCIL	50 E. 42 ND STREET	407	NEW YORK	NY	10017

TRANSPORTATION ALTERNATIVES	115 W. 30 TH STREET	1207	NEW YORK	NY	10001
CHURCH OF COMMUNITY OF THE INNER LIGHT	P.O. BOX 226, CHELSEA STATION		NEW YORK	NY	10011
ST. BENEDICT THE MOOR CHURCH	324 W. 53RD STREET		NEW YORK	NY	10019
CHURCH OF THE HOLY APOSTLES	300 9TH AVENUE		NEW YORK	NY	10001
ST. CLEMENT'S EPISCIPAL CHURCH	423 W. 46TH STREET		NEW YORK	NY	10036
CHURCH OF THE NAZARENCE (THE LAMBS)	130 W. 44TH STREET		NEW YORK	NY	10036
CONGREGATION EZRATH ISRAEL	339 W. 47TH STREET		NEW YORK	NY	10036
CROSSROADS SEVENTH DAY ADVENTIST CHURCH	410 W. 45TH STREET		NEW YORK	NY	10036
ST. FRANCIS II	156 W. 22ND STREET		NEW YORK	NY	10011
FRENCH EVANGELICAL CHURCH	126 W. 16TH STREET		NEW YORK	NY	10011
ST. FRANCIS XAVIER	55 W. 15TH STREET		NEW YORK	NY	10011
ST. GEORGE GREEK GREEK ORTHODOX CHURCH	307 W. 54TH STREET		NEW YORK	NY	10019
GENERAL THEOLOGICAL SEMINARY	175 9TH AVENUE		NEW YORK	NY	10011
GLAD TIDINGS TABERNACLE	325 W. 33RD STREET		NEW YORK	NY	10011
ST. LUKE'S CHURCH	308 W. 46TH STREET		NEW YORK	NY	10036
GUARDIAN ANGEL CHURCH	193 TENTH AVENUE		NEW YORK	NY	10011
HELLENIC ORTHODOX COMMUNITY CHURCH	359 W. 24TH STREET		NEW YORK	NY	10001
ST. MALACHY'S CHURCH	230 W. 49TH STREET		NEW YORK	NY	10036
HOLY CROSS CHURCH	329 W. 42ND STREET		NEW YORK	NY	10036
ST. MICHAEL'S CHURCH	424 W. 34TH STREET		NEW YORK	NY	10001
ST. PAUL THE APOSTLE	60TH STREET & 9TH AVENUE		NEW YORK	NY	10019
INTERFAITH PASTORAL CARE PROGRAM	275 7TH AVENUE		NEW YORK	NY	10001
INGLESIA CRISTIANA EL CALVARIO	409 W. 47TH STREET		NEW YORK	NY	10036
ST. PAUL'S HOUSE	335 W. 51ST STREET		NEW YORK	NY	10019

JAPANESE AMERICAN UNITED CHURCH	255 7TH AVENUE		NEW YORK	NY	10001
ST. PETER'S EPISCOPAL CHURCH	346 W. 20TH STREET		NEW YORK	NY	10011
METRO BAPTIST CHURCH	410 W. 40TH STREET		NEW YORK	NY	10018
ST. RAPHAEL CHURCH	502 W. 41ST STREET		NEW YORK	NY	10036
METROPOLITAN COMMUNITY CHURCH	444 W. 36TH STREET		NEW YORK	NY	10018
ST. VINCENT DE PAUL CHURCH	116 W. 24TH STREET		NEW YORK	NY	10011
TRINITY PRESBYTERIAN CHURCH	422 W. 57TH STREET		NEW YORK	NY	10019
OUR LADY OF GUADALUPE CHURCH	229 W. 14TH STREET		NEW YORK	NY	10011
WEST SIDE JEWISH CENTER	347 W. 34TH STREET		NEW YORK	NY	10001
14TH STREET - UNION SQUARE BID	4 IRVING PLACE	ROOM 1148-2	NEW YORK	NY	10003
23RD STREET ASSOCIATION	200 5TH AVENUE	1001	NEW YORK	NY	10010
MIDTOWN MANAGEMENT GROUP INC	630 9TH AVENUE	802	NEW YORK	NY	10036
34TH STREET MIDTOWN ASSOCIATION	75 9TH AVENUE	3RD FLOOR	NEW YORK	NY	10011
34TH STREET PARTNERSHIP (BID)	250 W. 34TH STREET		NEW YORK	NY	10019
NINTH AVENUE LOCAL DEVELOPMENT CORP.	496 9TH AVENUE		NEW YORK	NY	10018
LINCOLN SQUARE BUSINESS	1841 BROADWAY	1112	NEW YORK	NY	10023
TIME SQUARE BUSINESS IMPROVEMENT DISTRICT	1560 BROADWAY	800	NEW YORK	NY	10018
ALLIANCE FOR THE ARTS	330 W. 42ND STREET	1701	NEW YORK	NY	10036
ATLANTIC THEATRE COMPANY	336 W. 20TH STREET		NEW YORK	NY	10011
MANHATTAN CLASS COMPANY	120 W. 28TH STREET		NEW YORK	NY	10001
MANHATTAN PLAZA	400 W. 43RD STREET		NEW YORK	NY	10036
BOWERY MISSION'S WOMEN'S CENTER	218 W. 15TH STREET		NEW YORK	NY	10011
MARQUIS STUDIOS	535 8TH AVENUE	1701	NEW YORK	NY	10018
BROADWAY THEATRE INSTITUTE	630 9TH AVENUE	140	NEW YORK	NY	10036

MATERIAL FOR THE ARTS	410 W. 16TH STREET	4TH FLOOR	NEW YORK	NY	10011
CARLOTA SANTANA SPANISH DANCE COMPANY	481 8TH AVENUE	744	NEW YORK	NY	10001
MFY LEGAL SERVICES INC	299 BROADWAY	4TH FLOOR	NEW YORK	NY	10007
CENTER FOR JEWISH HISTORY	15 W. 16TH STREET		NEW YORK	NY	10011
CENTRAL PARK CONSERVANCY	16 E. 60TH STREET	8TH FLOOR	NEW YORK	NY	10022
MUNICIPAL ART SOCIETY	457 MADISON AVENUE		NEW YORK	NY	10022
AMERICA WORKS OF NEW YORK INC	575 8TH AVENUE	14TH	NEW YORK	NY	10018
INTREPAID MUSEUM	2. 46TH STREET/12TH AVENUE		NEW YORK	NY	10036
IRISH REPETORY THEATRE, INC	130 W. 22ND STREET		NEW YORK	NY	10011
AMERICAN PALACE THEATER	111 W. 42ND STREET		NEW YORK	NY	10036
IVAN SHAPIRO HOUSE	459 W. 46TH STREET		NEW YORK	NY	10036
ARTS CONNECTION INC	120 W. 46TH STREET		NEW YORK	NY	10036
JOB PATCH	22 W. 38TH STREET	11TH FLOOR	NEW YORK	NY	10018
ARTS HORIZONS	200 W. 15TH STREET	5G	NEW YORK	NY	10011
JOBS FOR YOUTH, INC	312 W. 36TH STREET	5TH FLOOR	NEW YORK	NY	10018
JOYCE THEATER	175 8TH AVENUE		NEW YORK	NY	10011
LAMB'S THEATRE COMPANY	449 W. 46TH STREET		NEW YORK	NY	10036
MANHATTAN BOTANICAL GARDEN	461 W. 44TH STREET	2G	NEW YORK	NY	10036
MUSEUM OF ASIAN ART	27 W. 20TH STREET		NEW YORK	NY	10010
CHELSEA COALITION ON HOUSING	274 W. 19TH STREET		NEW YORK	NY	10011
NATIONAL RECOVERY INSTITUTE	455 AND 458 W. 50TH STREET		NEW YORK	NY	10019
CHELSEA WATERSIDE PARK ASSOCIATION	P.O. BOX 45 OLD CHELSEA STATION		NEW YORK	NY	10011
CITIZENS UNION	198 BROADWAY	7TH FLOOR	NEW YORK	NY	10038
NETWORK	350 W. 31ST STREET	4TH FLOOR	NEW YORK	NY	10026

NEW DRAMATICS	424 W. 44TH STREET		NEW YORK	NY	10036
NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE	115 W. 30TH STREET	709	NEW YORK	NY	10001
NEW YORK CITY JOB AND CAREER CENTER, INC	255 W. 54TH STREET		NEW YORK	NY	10019
NEW YORK LANDMARKS CONSERVANCY	141 5TH AVENUE		NEW YORK	NY	10010
NEW YORK STATE TENANTS AND NEIGHBOR COALITION	508 8TH AVENUE	18TH FLOOR	NEW YORK	NY	10018
CLINTON HOUSING DEVELOPMENT CO. INC.	403 W. 40TH STREET		NEW YORK	NY	10018
CLINTON MANOR	535 W. 51ST STREET		NEW YORK	NY	10019
NONTRADITIONAL EMPLOYMENT FOR WOMEN	243 W. 20TH STREET		NEW YORK	NY	10011
PARTNERSHIP FOR PARKS	830 5TH AVENUE	310	NEW YORK	NY	10021
CONSORTIUM FOR WORKER EDUCATION INC	275 7TH AVENUE		NEW YORK	NY	10001
CONTEMPORARY GUIDANCE SERVICES	229 W. 28TH STREET	2ND FLOOR	NEW YORK	NY	10001
PROTECTIVE SERVICES FOR ADULTS, NYC HRA	330 W. 34TH STREET	4TH FLOOR	NEW YORK	NY	10001
RED CROSS EMERGENCY FAMILY CENTER	515 W. 41ST STREET		NEW YORK	NY	10036
DANCE THEATRE WORKSHIP	219 W. 19TH STREET		NEW YORK	NY	10011
DAYTOP VILLAGE	54 W. 40TH STREET		NEW YORK	NY	10018
REGIONAL PLAN ASSOCIATION	4 IRVING PLACE	711S	NEW YORK	NY	10003
SAFE SPACE-CENTER FOR CHILDREN AND FAMILIES	300 43RD STREET		NEW YORK	NY	10036
DIA CENTER FOR THE ARTS	542 W. 22ND STREET	3RD FLOOR	NEW YORK	NY	10011
SMITHERS ALCOHOL & SUBSTANCE ABUSER TREATMENT CTR	1000 10TH AVENUE		NEW YORK	NY	10019
DIVISION OF EMPLOYMENT SERVICES	255 W. 54TH STREET		NEW YORK	NY	10019
SOUNDANCE REPERTORY COMPANY	246 W. 38TH STREET	8TH FLOOR	NEW YORK	NY	10018
DOWNTOWN BALLET COMPANY	312 W. 47TH STREET	G/F	NEW YORK	NY	10036
TADA THEATRE COMPANY	120 W. 28TH STREET		NEW YORK	NY	10001
THE CENTER FOR BOOK ARTS	28 W. 27TH STREET	3RD FLOOR	NEW YORK	NY	10001

THE KITCHEN	512 W. 19TH STREET		NEW YORK	NY	10011
THE METROPOLITAN WATERFRONT ALLIANCE	457 MADISON AVENUE		NEW YORK	NY	10022
FEDERATION OF HANDICAPPED	211 W. 14TH STREET		NEW YORK	NY	10011
YOUNG PLAYWRIGHTS, INC	321 W. 44TH STREET	906	NEW YORK	NY	10036

O. Future Marketing Activities:

A waiting list will be established for remaining opened applications. Upon exhaustion of this waiting list, we will contact the Agency involved with a remarketing strategy. Such strategy will include the following:

☒ Newspapers/Publications ☐ Brochures/Leaflets/Handouts ☒ Site Signs
☒ Community Contacts ☐ Others (specify) _____

*** Agency must be consulted prior to the commencement of any future re-marketing activity.**

Submitted by:

Company: Phipps Houses

By: *Alice Wong*

(Signature)

Name: Alice Wong

Title: AVP/Director of Marketing

Date: 09/27/2016

Reviewed by:

Agency: _____

Staff: _____

Name: _____

Date: _____